

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Kila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>142</u>
District of <u>San Carlos</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>295</u>
Town of _____			Local Registrar No. _____
or _____			St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed.
2. Full name of child <u>Helen Hoffman</u>	4. Twin, triplet or other _____		6. Legitimate? <u>yes</u>
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	5. No., in order of birth _____	7. Date of birth <u>4 14 24</u> Month day year
8. FATHER Full name <u>Charles Hoffman</u>		14. MOTHER Full maiden name <u>Mary Allen</u>	
9. Residence (Usual place of abode) <u>San Carlos Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>San Carlos Ariz</u> If nonresident, give place and state	
10. Color or race <u>4/4 Indian</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>4/4 Indian</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) <u>San Carlos Ariz</u> (State or country)		18. Birthplace (city or place) <u>San Carlos Ariz</u> (State or country)	
13. Occupation <u>Farmer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>no</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that <u>X</u> attended the birth of this child, who was <u>Born alive</u> at <u>7 P</u> m. on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>C. H. Sanger M.D.</u> (Physician or midwife)	
Address <u>San Carlos Ariz</u>		Filed <u>5-6</u> 19 <u>24</u> County Registrar.	
Given name added from supplemental report _____ Month, day, year.		Registrar. <u>C. H. Sanger</u> County Registrar.	

885-414-415